

LZO 000119841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

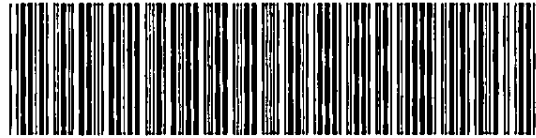
(Business Entity Name)

(Document Number)

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NOV 16 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P.R.E TRANSPORTATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAYLEN FALCON

Name of Person

EXTREME QUALITY GROUP INC

Firm/Company

780 THORPE RD, STE 2

Address

ORLANDO FL 32824

City/State and Zip Code

EXTREMEQUALITYGROUP@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYLEN FALCON

407

985-2417

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

L2000119841

P.R.E TRANSPORTATION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/03/2020 and assigned
Florida document number L20000119841.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5400 ESPLANADE PARK CIR APT 3204

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FL 32839-2242

Enter new mailing address, if applicable:

5400 ESPLANADE PARK CIR APT 3204

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FL 32839-2242

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5400 ESPLANADE PARK CIR APT 3204

Enter Florida street address

ORLANDO

City

Florida 32839-2242

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


2020-10-23 5:16

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RUBENS PAUL	5400 ESPLANADE PARK CIR APT 3204	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839-2242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	EDITH JEAN	5400 ESPLANADE PARK CIR APT 3204	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32839-2242	<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 7, 2020


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00